LIMITED POWER OF ATTORNEY - PARENTAL AUTHORIZATION

I, the undersigned, the parent or guardian of _____, grant to the assigned/volunteer adult ministry leader having charge of my minor son/daughter, full authority to make emergency medical decisions in my behalf for the benefit of my son/daughter, pursuant to Section 5-15021 of the New York General Obligations Law; without limitation upon the foregoing, it is also intended to constitute a "health care proxy" on behalf of my said son/daughter, conformably to chapter 752 of the Laws of 1990 (Article 29C of the Public Health Law); this authority is intended to be valid in New York and all other common law jurisdictions.

This authority is to be exercised in case of accident or injury occurring during ministry activities, to secure medical treatment, including anesthesia, medication, dentistry or surgery, in case immediate treatment is needed and I am not personally present. This authority shall continue in force until my son/daughter ceases to be under the leadership of Grace United Methodist Church, of Corning, New York. I excuse the assigned/volunteer adult ministry leader from personal liability for exercising this Power, so long as he or she acts in good faith from a reasonable belief that my son's or daughter's treatment is necessary in the circumstances.

If any hospital, dentist or physician raises the issue of informed consent, I empower the assigned/volunteer adult ministry leader in charge of my son/daughter to exercise informed consent in my behalf.

My son/daughter is covered by the following medical insurance:

Company: _____ Policy Number: _____

_____
Parent or guardian

STATE OF NEW YORK :
: SS.:
COUNTY OF STEUBEN :

On this _____ day of _____, 20____, before me, the subscriber, appeared _____ known to me and known to me to be the same person described in and who executed the foregoing instrument, and she/he acknowledged to me that she/he executed the same.

_____
Notary Public